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INTEGRATIVE REVIEW ARTICLE

IMPLICATIONS OF HOMOPHOBIA ON ADOLESCENT HEALTH

IMPLICAÇÕES DA HOMOFOBIA SOBRE A SAÚDE DO ADOLESCENTE

CONSECUENCIAS DE LA HOMOFOBIA EN LA SALUD DE LOS ADOLESCENTES

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ABSTRACT

Objective: to identify the implications of the experience of homophobia on the health of adolescents. Method: An integrative review with the original articles in Portuguese/English/Spanish, from 2012 to august 2017, in the databases MEDLINE, Scopus, LILACS and BDENF. The data were presented in figure. ***Results:*** we included 11 articles with most publications in 2015. After the comparison and analysis, they classified into 3 thematic subgroups with integrated focus << *Characteristics and manifestations homophobia among adolescents* >>; << *Implications of homophobia on adolescent health* >> and << *Confronting homophobia and health promotion* >>. ***Conclusion:*** the experience of homophobia during adolescence has implications for adolescent health such as anxiety, depression, ideation and suicide attempt; however, it is necessary to assist free of prejudices, allowing the population the enjoyment of the right to health, in addition to intersectoral partnerships for actions to fight homophobia and health promotion in school environments. ***Descriptors*:** Homophobia; Adolescent; Adolescent health; Sexual Health; Sexuality; Violence.

RESUMO

***Objetivo*:** identificar as implicações da vivência da homofobia sobre a saúde dos adolescentes. ***Método*:** revisão integrativa com os artigos originais em português/inglês/espanhol, de 2012 a agosto 2017, nas Bases de dados MEDLINE, Scopus, LILACS e BDENF. Os dados foram apresentados em figura. ***Resultados*:** incluíram-se 11 artigos com maioria de publicações em 2015. Após a comparação e análise, os classificaram em 3 subgrupos de temáticas com foco integrado << *Características e manifestações homofobia entre adolescentes* >>; << *Implicações da homofobia sobre a saúde do adolescente* >> e << *Enfrentamento à homofobia e promoção da saúde* >>. ***Conclusão*:** a vivência da homofobia durante a adolescência possui implicações à saúde do adolescente como ansiedade, depressão, ideação e tentativa de suicídio; entretanto, é necessária a assistência livre de preconceitos, permitindo à população o usufruto do direito à saúde, além de parcerias intersetoriais para ações de enfrentamento à homofobia e promoção da saúde em ambientes escolares. ***Descritores*:** Homofobia; Adolescente; Saúde do adolescente; Saúde Sexual; Sexualidade; Violência.

RESUMEN

Objetivo: identificar las implicaciones de la experiencia de la homofobia en la salud de los adolescentes. ***Método:*** una revisión integradora con los artículos originales en inglés/español/portugués, desde 2012 hasta agosto de 2017, en las bases de datos MEDLINE, Scopus, LILACS y BDENF. Los datos se presentaron en la figura. ***Resultados:*** se incluyeron 11 artículos con la mayoría de las publicaciones en 2015. Después de la comparación y el análisis, se clasificaron en tres subgrupos temáticos con enfoque integrado << *Características y manifestaciones de la homofobia entre los adolescentes* >>; << *Consecuencias de la homofobia en la salud de los adolescentes* >> y << *Confrontar la homofobia y la promoción de la salud* >>. ***Conclusión:*** la experiencia de la homofobia durante la adolescencia tiene consecuencias para la salud de los adolescentes, tales como ansiedad, depresión, ideación e intento de suicidio; sin embargo, es necesario ayudar a libre de prejuicios, permitiendo a la población el disfrute del derecho a la salud, además de las alianzas intersectoriales para las acciones de lucha contra la homofobia y la promoción de la salud en los ambientes escolares. ***Descriptores*:** Homofobia; Adolescente; Salud del adolescente; Salud Sexual; Sexualidad, Violencia.

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INTRODUCTION

It is known that the effects of discrimination motivated by sexual orientation and gender identity have consequences on the health-disease process, being an aspect that should be addressed in professional attention in health in various levels of complexity, recognizing the social vulnerability of the population of lesbian, gay, bisexual and transgender (LGBT).[1]

The National Policy of Integral Health of Lesbians, Gays, Bisexuals, Transvestites, and Transsexuals (PLGBT), instituted by Decree N 2,836 of December 1st, 2011. It is as a historic milestone legitimizing the demands of health of the LGBT population with the aim of promoting the integral health of eliminating discrimination and prejudice for the reduction of inequalities and the consolidation of a Unified Health System (SUS) universal, comprehensive and equitable, thus, it assumes that the sexual rights as fundamental components to health.[1]

In the promotion of integral health for the LGBT, population permeates the understanding that all forms of discrimination, called widely of homophobias (lesbophobia, gayphobia, biphobia, transphobia, and travestiphobia) are factors that interfere in social production and maintenance of health. It causes suffering and illness due to prejudices and social stigmas.[1] In this way, it is understood homophobia as "*a social phenomenon related to prejudice, discrimination and violence against any subject, expressions and life-styles that indicate transgression or disintony in relation to gender norms, the heterosexual matrix, the heteronormativity*" [(2:484)]. It directs primarily, but not exclusively, to the LGBT population, as an objective of sexual boundaries, both as to gender.

Among the main diseases that affect the health of adolescents in Brazil stands violence. It is morbidity relating to sexual and reproductive health and illness by abusive use of alcohol and drugs.[3] Internationally, it shows the experience of homophobia among the adolescent population from expressions such as violence, social exclusion, discrimination and violation of rights, however, still little is known about its implications for adolescent health.[4=5]

OBJECTIVE

- To identify the implications of the experience of homophobia on adolescent health.

METHOD

It is a study of integrative review, from the phases: definition of the guiding question, search in the literature, data processing, critical analysis of the data, discussion of results and presentation of the review.[6-8] The first stage concerns the construction of the guiding question: << *What are the implications of homophobia on adolescent health?* >>.

The second stage relates to the search in databases. It started from the search on the Virtual Health Library (VHL), being located articles in the databases of Latin American and Caribbean Literature in Health Sciences - LILACS, Online System for Search and Analysis of Medical Literature (Medical Literature Analysis and Retrieval System Online) - MEDLINE, Index Psi journals and the Nursing Database - BDENF, besides the basic search Sciverse SCOPUS. With the descriptors homophobia and adolescent in Portuguese and in English; according to the terms in the Medical Subject Headings (MESH) respectively Homophobia and Adolescent, from advanced search, using and as Boolean operator.

This review will include the original articles, written in Portuguese, English, and Spanish, in the period from January 2012 to August 2017, with full texts available online, developed with adolescents between 10 and 19 years of age and which addressed the issue of homophobia. It assumes as exclusion criteria: the repeated articles, review articles, experience reports, editorials, reflection, theses, dissertations, monographs, and those who, after examination by the report of methodological rigor Critical Appraisal Skills Programme[9], obtained index lower than 6.

At the intersection of the descriptors are in the BVS a total of 126 articles, leaving 119 after application of filters, distributed in MEDLINE (109), LILACS (6) Index Psi (3), and BDENF (1). Moreover, in the Scopus base 298 articles, leaving 158. All articles apply a critical analysis of consistency between title and summary with the objective of the integrative review, totaling 18. Among these, it identifies repeated Articles 5 and 2 shall be excluded after the analysis of methodological rigor with the report CASP. In the end, there are 11 articles in the integrative review. As the scientific evidence, 4 articles obtain the level III and 7 articles obtain the IV.

The articles included in the review feature in figure, obeying the chronological and growing costs of identification (Article1 - A1;

Article2 - A2, onwards), containing respectively: year of publication, authors, results, and implications for health.

The results interpreted according to content analysis comprise the steps of pre-analysis, floating reading and organization of the material selected as corpus. The encoding of data into units of registry and context with the terms more significant, the categorization of the results into classes by differentiation and regrouping of common elements and finally the inference, by identifying information from the categories found.[10]

The discussion of results gives to the end, with analysis followed by crossing with other data in the literature on the subject. Finally, it follows that in the phase of presentation of the product, according to what was previously established for the construction of the integrative review.

RESULTS

Feature articles selected for the integrative review in Figure 1, resulting from the crossing between the descriptors Homophobia and Adolescent, with information about the year of publication, authors, results, and implications for health.

Article	Year	Authors	Results	Health implications
A1	2012	Espelage DL, Basile KC, Hamburguer ME[11]	Bullying and homophobic taunts were positive predictors for sexual harassment over time.	-
A2	2012	Hillier L, Mithcell KJ, Ybarra ML[12]	LGB and non-LGB youth use the internet differently. LGB youth use the internet for social support, information about same-sex attraction, meet people and sexual health.	-
A3	2013	Burton CM, Marshall MP, Chilsom DJ, Sucato GS, Friedman MS[13]	The study confirms the hypothesis that the young sexual minorities that are the target of harassment and victimization present higher levels of depressive symptoms and suicidal tendencies.	Depressive symptoms and suicidal tendencies.
A4	2013	Castro YR, Fernández ML, Fernández VC, Medina PV[14]	The scale of modern homophobia as a useful tool. Presents a recognition towards homosexual people. Male teenagers present more homophobic attitudes.	-
A5	2013	Collier KL, Bos HMW, Sandfort TGM[15]	Teens sexual minority men reported greater victimization by homophobic slurs. The homophobic slur was not associated with the psychological suffering as independent variable. Teens with same-sex sexual attraction and gender non-conformity were considered more vulnerable to homophobic insults, and as well as other forms of victimization among peers, have relationship with mental health.	Psychological suffering, with influence on mental health.
A6	2014	Poteat VP,Scheer JR, DiGiovanni CD, Mereish EH[16]	The homophobic victimization provides anxiety levels above the levels of victimization in General, also in heterosexual teens. The effects of victimization predicted the increased anxiety at the end of the school year among teens male than female. The depressive symptoms were also identified, such as victimization.	Anxiety, depressive symptoms.
A7	2015	Espelage DL, Basile KC, De La Rue L, Hamburguer ME[17]	The study supports the Bully-sexual-violence pathway just for males. The boys reported bullying in the first time, were more likely to report sexual harassment 2 years later. Teenagers who reported higher level of bullying, reported higher level of homophobic taunts and also sexual harassment. Male teenagers are more pressured to have a restricted gender expression and attacked if perceived to be off the charts.	-
A8	2015	Natarelli TRP, Braga IF,Oliveira WA, Silva MAI[18]	The study homophobia as a kind of violence experienced by teenagers through physical aggression, verbal, psychological and sexual, in the family context, and community school. The relationship between the experience of homophobia and your impact on health through depressive behavior, anxiety, fear, ideation and suicide attempt. Points also negative impacts on life habits and self-care of teenagers as food, sleeping patterns and inadequate physical activity, with symptoms such as headache, stomach, body, vomiting and fainting. And reporting of homophobia in the health service.	Anxiety, depression, fear, suicidal ideation, and suicide ideation. Inadequacy in the pattern of sleep, food, physical activity. And symptoms such as headaches, body aches, vomiting, and fainting.
A9	2015	Poteat VP, Mereish EH, Birkett M[19]	The interaction between pairs with high levels of bias was negative. The bias among peers in the first moment, predicted less interactions between pairs, with emphasis on sexual prejudice.	-
A10	2015	Souza JM, Silva JP, Faro A[20]	The female teens are bigger target of bullying, victimization among teens.	-

			Homophobic verbal bullying was the third cause of aggression, and aggression by phenotypic features the first and the second cause of racist slant. The biggest scores of homophobia took male teenagers reported have no close contact with homosexual subjects (friend, family member).	
A11	2017	Rondini CA, Teixeira Filho SF, Toledo LG[21]	The research points to the existence of prejudice concerning homosexuality in school context, being the lesbophobia prevalent in social conviviality. The study presents indicators positive for internalized homophobia among students, normative heterossexistas findings and moderate agreement of participants with the pathologizing of homosexuality.	-

Figure 1. Articles selected for the integrative review. Recife (PE), Brazil, 2017.

DISCUSSION

The period of publications was from 2012 to 2017, with a higher number of publications in the year of 2015 (A7 to A11), however, it is not met publications in the year of 2016. The publications were in English (A1, A2, A3, A5, A6, A7, A9), Spanish (A4) and Portuguese (A8, A10, A11), and the United States of America was the predominant site of research. In relation to the methodological design, it chooses to quantitative research in 9 studies (A1, A3, A4, A5, A6, A7, A9, A10, A11) and only 2 were exclusively qualitative (A2, A8). The method of collection was mostly with questionnaires (A1, A3, A4, A5, A6, A7, A9, A10, and A11), 1 by focal group (A2), and 1 with in-depth interviews (A8).

After the processing and analysis of data, we identified the following categories: Characteristics and manifestations of homophobia among adolescents; Implications of homophobia on the health of adolescents and confronting homophobia and health promotion, discussed below.

♦ **Characteristics and manifestations of homophobia among teenagers:**

In studies demonstrates that the homophobia among adolescents tends to manifest itself by behaviors such as bullying, teasing, homophobic insults and sexual harassment. In a research performed at school with Dutch adolescents (A5) identifies the highest victimization by homophobic insults between those of sexual minority males. In a longitudinal study (A7) with North American schoolchildren identifies that the adolescents who reported the experience of homophobic bullying and provocations in the first moment of collection of data from the survey were more likely to report the experience of sexual harassment at an interval of two years. Similarly, a study (A9) concerning the social interaction between groups of adolescents North Americans, demonstrates that the prejudice has negative effects on the relationship between pairs, where those with higher levels of prejudice have less interaction with the group with the passing of time.

The teenagers of sexual minorities experience socially stigmatization and exclusion by victimization by bullying, as well as the growing experience of cyberbullying. These experiences imply in consequences on the health of this population, emphasizing the necessity of prevention programs and support in school spaces, so the focus prejudices and discriminatory practices as a form of complaint to the process of social exclusion and for the construction of social spaces of democracy in the school environment.[22]

In the articles analyzed, it showed differences in attitudes in relation to homophobia in accordance with the gender of adolescents. In a study (A4) conducted with schoolchildren Spaniards demonstrates that, from a scale of homophobia, which male adolescents have more homophobic attitudes in relation to homosexual persons than female adolescents.

In scientific publications, it presents the school as an environment where the adolescent experience homophobia in their daily life (A1, A4, A5, A6, A7, A9, A10, and A11). In Brazil, demonstrates the homophobic bullying verbal motivation as the third cause of aggression identified by students (A10), after the bullying by phenotypic characteristics and racial. In research (A11) developed with 2159 Brazilian students presents the lesbofobia as the predominant homophobic phenomenon experienced in scholastic conviviality and positive signs of survey participants to internalized homophobia. The results are also mentions the pathologization of homosexuality and indicative of heterossexistas normative

behaviors. The results are also mentions the pathologization of homosexuality and indicative of heterossexistas normative behaviors. In a qualitative study conducted through in-depth interviews (A8) with nine adolescents homosexuals demonstrates that the homophobia also happens beyond the school context, in the family environment and community, revealed by the physical, psychological, and sexual violence.

In the articles analyzed, the school presents itself as a hostile environment for adolescents to sexual minorities, with reports of victimization by bullying, discrimination, prejudice, exclusion, and violence. This environment demonstrates the heteronormativity as the prospect still legitimized, associating to homophobia.[2] These studies are discriminatory attitudes directed the LGBT population, but also as the formulation of a heterosexual matrix that underlies the control of expressions of gender between the social group in general.[2] In the publications shows a reality that is still plays in school and alert to the need that the institutions of education engaged in educational actions directed to issue an inclusive approach, covering aspects of gender and sexuality that still remain outside the majority of curricula and textbooks.[2,23]

These results demonstrate the importance of a gradual process of deconstruction of a profile of heteronormativity incited in members of the school community, including students, faculty, staff, managers.[24] In the same way, it presents the need to work the sexual education of large mode, spanning beyond the scope of biomedical, directed to the sexual organs, fertility, pregnancy and contraception, without neglecting other aspects of health and sexual diversity.[24] Thus, it proposes an educational work in the perspective of the intersectoriality as a challenge to be overcome in the search for partnerships that would break with the character exclusively biomedical and punctual actions in health education, but admire planned interventions in accordance with the demands schoolchildren and to guarantee the continuity in the process of integral formation of students.[25,26]

♦ Implications of homophobia on health of adolescents:

In studies demonstrates that the experience of homophobia has implications on the health of adolescents, which causes distress, illness, among other consequences such as the reduction of healthy habits and self-care, observed in the inappropriateness of the standard of nutrition, physical activity and sleep. In North American research conducted with 197 teenagers in the waiting room of a medical clinic (A3) demonstrates that those of sexual minorities who are the target of harassment and victimization have higher levels of depressive symptoms and suicidal tendencies that the other adolescents. In the same way, in a research performed at a school (A6) are in their results that the homophobic victimization among students provides higher anxiety levels than other types of victimization, including among adolescents heterosexual. In addition, the study shows that the levels of anxiety in adolescents tend to suffer an increase at the end of the school year, especially among male adolescents.

In contrast, in a study conducted with Dutch students (A5) is not the homophobic insults as an independent variable for the psychological suffering, although it must be recognized that adolescents who have sexual attraction to persons of the same sex and/or gender identity diverse are more vulnerable to these insults, with possible impacts on their mental health.

In research (A8) held in Brazil demonstrates that the experience of homophobia can trigger depressive behavior, anxiety, fear, suicidal and attempted suicide among teenagers. In this qualitative study reports that the negative impacts also cover their life habits and self-causing inadequacies of sleep pattern, nutrition and physical activity and the association of these factors as triggers of physical symptoms such as headaches, in the body, vomiting and fainting; also it is reported (A8) the experience of homophobia from physical violence, verbal, psychological and sexual violence, occurring in the school environment, in the family, the community, and also within the health services, when the request for specialized care in health.

These results are an alert to the vulnerability of the population of adolescents LGBT and for recognition of the fact that the demands of health of sexual minorities do not reside solely on aspects relating to sexual behavior, but demonstrate the specific social needs regarding the experiences of stigma, violence, exclusion and discrimination.[27] To do this, it is necessary that health professionals are properly trained in the implementation of assistance free of judgments and prejudices, allowing patients to enjoy their right to health and to express their needs without fears or barriers to access to services.[28]

♦ **Confronting homophobia and health promotion:**

Among the studies analyzed did not present health or education actions for confronting the homophobia specifically, since the greater part had as objective the diagnosis of the phenomenon in research with adolescents, mostly performed in the school context. On the other hand, it presents recommendations for the carrying out of research that deepen the theme about bullying, harassment and victimization with motivation for gender identity and sexual orientation (A1, A3, A5, A6, A7, A10), in addition to the development of prevention programs and interventions to fight homophobia among adolescents (A3, A4, A8, A9, A11), as well as the training of health professionals to deal with the demands of the public LGBT teen (A8).

In only one article (A2) is an interventional research by conducting focus groups online with LGB adolescents and non-LGB. This study demonstrates that young people use the internet as a tool for social support, in addition to seek information about relationships between people of the same sex and sexual health information. Thus, presents the internet as a possible tool for the initial approach with the adolescent population LGBT people being a channel of anonymous contacts, whether through the use of online chat or phone calls.[22]

CONCLUSION

In this review, it notes that the experience of homophobia during adolescence presents itself in the form of bullying, victimization, insults, violence, exclusion, and sexual harassment, which may cause suffering and illness; with implications to health as an increase in the levels of anxiety, fear, depressive symptoms, ideation, and suicide attempt. In addition, it is reported a reduction of care and healthy habits that are expressed in the inadequacy in the pattern of food, sleep and physical activity, associated with symptoms such as headaches, in the body, vomiting and fainting.

This review also demonstrates the lack of studies that analyze the relationship between homophobia and its implications on the health of adolescents, in the same way, it should be emphasized the need in conducting studies that deepen the theme for the development of educational programs and health interventions that work in the context of sexual diversity and confronting homophobia. In this sense, ratifies the importance of intersectoral partnerships that bring together efforts in the area of health and education, have seen a demonstration of the school as an environment capable of homophobic manifestations during adolescence, in counterpoint to its relevance as a space of healthy socialization of adolescent and privileged to the development of actions in health education.

To elucidate the fact that affront the conditions of health and well-being of adolescent population, contributes to the development of studies and interventions that address the specific demands of the LGBT teen. In the same way, alert to a gap in the training of health professionals, which still require training to perform to the satisfaction of the services provided to the public LGBT teen, in recognition of the implications of homophobia on health.

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